

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/535375

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		14					55						
6		15					56						
7		16					57						
8		17					58						
9		18					59						
10		19					60						
11		20					61						
12		21					62						
13	1	22					63						
14		23					64						
15		24					65						
16		25					66						
17		26					67						
18		27					68						
19		28					69						
20		29					70						
21		30					71						
22		31					72						
23		32					73						
24		33					74						
25		34					75						
26		35					76						
27		36					77						
28		37					78						
29		38					79						
30		39					80						
31		40					81						
32		41					82						
33		42					83						
34		43					84						
35		44					85						
36		45					86						
37		46					87						
38		47					88						
39		48					89						
40		49					90						
41		50					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21						TOTAL CLAIMS						